

CITY OF LOWELL
DIVISION OF PLANNING AND DEVELOPMENT

LEAD ABATEMENT PROGRAM
APPLICATION
for
DELEADING ASSISTANCE

SINGLE FAMILY RESIDENCE - OWNER OCCUPIED

Property Address: _____

Name of person responsible for submitting this application: _____

Telephone: _____ ☐ E-Mail: _____ ☐

Cell Phone: _____ ☐

Please check the box for the best method to contact you

Some Important Notes:

- **You must own the property to apply for a Lead Paint Abatement Loan/Grant.**
- **Please inform us if you have a second mortgage on your property or if there is a lien on the property**
- **PLEASE INFORM US IF THE HOME IS OWNED IN A FAMILY OR REALTY TRUST – some of our programs do not allow assistance for property in a family or reality trust.**
- **If more than 50% of the residence is used as a daycare, it is not eligible.**
- **Please DO NOT contact any lead paint inspectors or deleaders. We will assist you with this.**

Carrie Johnson, Acting Director 978-970-4165
David Sullivan, Lead Technician 978-446-7287

Edward Busby, Lead Technician 978-446-7286
Kelly McDermott, Intake Specialist 978-446-7285

LOWER INCOME OWNER GUIDELINES
GRANT PROGRAM

Family Size	Annual Income
1	\$40,600
2	\$46,400
3	\$52,200
4	\$58,000
5	\$62,650
6	\$67,300
7	\$71,900
8	\$76,550

Effective date 2/11/2005

HIGHER INCOME OWNERS
MASSHOUSING PROGRAM GUIDELINES

INCOME LIMITS:

<u>Household size</u>	<u>Income Limits</u>
1-2 persons	\$80,000.00
3 or more	\$92,000.00

LOAN AMOUNTS

The maximum loan amount for a single-family home is \$30,000.00

INTEREST RATE AND LOAN TERMS:

- Owner-Occupant Loans: 0% deferred payment of principal
- Owner-Occupants make no monthly payments on the Lead Paint Loan
- Repayment of the entire loan amount is deferred until the sale, refinancing, or transfer of the property
- There is no penalty for early payoff

<u>Loan Amount</u>	<u>Term</u>
\$ 2,500 - \$ 4,900	5 years or less
\$ 5,000 - \$ 9,900	10 years or less
\$10,000 - \$14,999	15 years
\$15,000 - \$35,000	20 years

LOAN FEES: All MassHousing Loans involve the following fees:

- | | |
|---|---------------------------------|
| 1. Inspection Fees (if applicable) | Amount will vary |
| 2. Bank Fee | \$ 421.00 |
| 3. MassHousing Fee | \$ 150.00 |
| 4. LRA Fee (4.5% of the deleading cost) | \$150.00 minimum, \$500 maximum |

THE MASSACHUSETTS DELEADING TAX CREDIT:

After you have your property deleaded, an inspector will issue you a letter of Full Deleading Compliance. You will then be eligible to receive a Massachusetts State tax credit of up to \$1,500.00 per housing unit. This credit may be applied against your state tax liability for up to seven years after deleading. For further information, call the Massachusetts Department of Revenue at (800) 392-6089 or visit their web site at www.Massdor.com for a copy of the Schedule LP.

Instructions for Filling Out Application

1. Please fill in each section completely
2. Submit the following documents with your application. We cannot process your application until we receive all of the required information. The following is a checklist for your convenience:

_____ Copy of Deed (may be available online – please check with program staff)

_____ Copy of current Insurance Policy (Declaration Page) and proof of payment

_____ Recent Mortgage Statement(s) with proof of payment

_____ Settlement sheet if recent home purchase

_____ Signed copies of the last 2 years tax returns

_____ Four (4) recent, consecutive pay stubs from each employment source
(All working adults)

_____ Recent statement of income amount from any other sources (Examples: pension
check, social security, court ordered alimony, rent receipts, etc.)

Depending on the type of assistance you qualify for, additional documents may be required.

If you wish to participate in our program, once the application has started, do not take out a second mortgage on the property or any other loan that results in a lien on the property.

PART ONE

Property Information

1. How did you hear of this program? _____

2. Address of property to be deleaded: _____

3. Year the Property was built: _____

4. Date of Purchase: _____

5. Purchase Price \$ _____

6. Please list below any mortgage(s) on the property. If none please write "NONE".

	\$	
Mortgage Company name		Monthly Payment

	\$	
2 nd Mortgage Company name		Monthly Payment

7. Are your real estate taxes paid through your mortgage? Yes ☐ No ☐

8. Are your real estate taxes and City bills up to date? Yes ☐ No ☐

9. Did you receive any type of Down Payment Assistance when you purchased your home? Yes ☐ No ☐

If yes, what program: _____

10. Are there any liens against the property? Yes ☐ No ☐

If yes, explain: _____

11. Have you been ordered to delead by the City or the Childhood Lead Poisoning Prevention Program? Yes ☐ No ☐

If yes, explain: _____

12. Please list below, any additional property you may own:

PART TWO Household & Income Information
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Please list every person living in the home. Proof of income for each working adult is required. Examples of proof include, but are not limited to, tax returns, pay stubs, wage records, employer verification (directly from employer, not the employee). Please indicate if a full-time student.

First	Last	Age	Date of Birth	Sex	Race (optional)	Income
Example: Jane	Smith	43	11-15-1962	F	White	\$425.00 weekly

Does your household have net assets with a value that exceeds \$5,000 (examples include savings & checking accounts, stocks, etc)

☐ NO

☐ YES (list and provided statements) _____

PART THREE Lead Test Form

Please list each child under 6 years of age below. **Proof of age for children under 6 years of age, who live on the property, is required.** Examples include, but are not limited to, a birth certificate, medical records or school records.

Any children under 6 years of age, who visits the property often, should be listed on the back page. Please include their name, age, relation to head of household and time spent visiting the property. (Lead test information not required for these children)

Have the children living in you home been tested for lead in the past three (3) months? If not, the Lead Program STONGLY recommends having them tested before deleading work begins. Your child's Doctor may have this information.

Name _____ Date of Test _____ Results _____

Name _____ Date of Test _____ Results _____

Name _____ Date of Test _____ Results _____

Name _____ Date of Test _____ Results _____

Name _____ Date of Test _____ Results _____

Name _____ Date of Test _____ Results _____

_____ The above listed children **have not** had their blood lead levels tested in the past three (3) months; however I agree to have them tested at this time and will supply the results to the Lowell Lead Paint Abatement Program.

_____ For religious and/or personal reasons, I choose **not to have** my child (children) tested for lead.

I/We voluntarily disclose this information. I/We understand that disclosure of this information is not required for participation in the Lowell Lead Paint Abatement Program.

(Parent/Legal Guardian)

(Date)

Do any of the above children receive Medicaid Insurance? How Many? _____

PART FOUR

PROGRAM INFORMATION/AGREEMENT

All personal information you provide will be used solely to determine eligibility in this program and/or reporting purposes and will be kept strictly confidential.

Please read the following terms carefully:

Program Requirements:

If the property qualifies, a Massachusetts Licensed Lead Inspector will do a lead inspection in your home. If there are any lead hazards identified, a Massachusetts Licensed De-leader will perform deleading work. This work will result in a Letter of Full Deleading Compliance and make your home a safer place for young children.

A code inspection will be performed. It is your responsibility to correct any violations. We may refer you to other programs to assist you with code violations.

All municipal fees must be paid up-to date (water, sewer, trash, recycle fees, etc.)

If you qualify for a GRANT, your property will be restricted for at least three (3) years as affordable housing.

If you are given a LOAN, a mortgage will be placed on your property and you **must pay back the loan** according to the terms of a Promissory Note.

A credit report for each owner may be obtained from a credit-reporting agency.

An escrow account will be set-up in both your name and the Contractor's for the purpose of paying the contractor. You must be available to sign the check within 24 hours. All payments will be made through this office.

You hereby grant permission to the City of Lowell's Lead Paint Abatement Program to obtain any further information necessary to determine your eligibility for a Lead Paint Abatement Loan. This information may be obtained from any source named in this application.

Properties who have a child with an elevated blood level or a child under the age of 6 may be assisted before a property with none.

Relocation during deleading work:

During the time that the deleaders are working inside your home, your family will have to temporarily move out. **The average time is 14 working days.** The exact time depends on the size of the unit and/or how much deleading must be done. You cannot go in and out of your home during this time. You cannot move back in until you have been notified that the work is done and it is safe. To make sure your unit is safe, the lead inspector will take samples for lead dust throughout your home. A laboratory will test these wipes samples. Relocation is required under Massachusetts State Law so that no member of your family will be exposed to lead dust during deleading. It is advised that during deleading you temporarily relocate with family or friends.

Preparing your unit for deleading:

You are responsible for packing and storing your belongings in any room that will be receiving deleading. Attached are the detailed instructions on how you will need to prepare your home.

Non-Liability of personal injury/damage:

I will indemnify and hold the City of Lowell, Division of Planning and Development's Lead Paint Abatement Program and its officials harmless against any claims for injury or damage of any kind to persons or property occurring or arising during this program.

By signing this application you: Attest that the information contained herein is true and complete to the best of my/our knowledge and belief; Agree to the terms of the program; acknowledge that you have been given the lead safe pamphlet, "Protect Your Family from Lead in your Home"; and that submission of this application does not guarantee you will receive assistance.

Signature of Owner

Signature of Owner

Date: _____

WARNING: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.

Attached is an extra copy of these terms, please tear off and keep the next two pages.

OWNER'S COPY – PLEASE KEEP PROGRAM INFORMATION/AGREEMENT

All personal information you provide will be used solely to determine eligibility in this program and/or reporting purposes and will be kept strictly confidential.

Please read the following terms, by signing this application you agree to all of the following:

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